MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	\					
2	\					
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		\				
13		\				
14	1	2	1			
15		2	1			
16		2	1			
17			1			
18		2	1			
19		2	1			
20		2	1			
21	1					
22		2	1			
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49						
50						
TOTAL IND.	5					
TOTAL DEP.	47					
TOTAL CLAIMS	52					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						